

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

The vine rank for correction of caca violation is specified in the narrative polition or this report.							
Establishm			algreens # 09710	Telephone Number 812-923-0412	Date of In (mm/dd/y	spection r)	PERMIT#
Establishm	OO [ss (ni	umber and street, city, state, zip code) Follette Station. Floyds Knobs IN	847-527-4897	7-9-19 351		
Owner		alg	reen Co 47119	Purpose: 1. Routine	Follow-up Release Date NO 20 days		
Owner's A	ddress Po		Box 901 Deerfield, IL 60015	2. Follow-up 3. Complaint	Summary of Violations;		
Person in C	Charge	_ /	1aH Buchanon	4. Pre-Operational	$CONC2$ R $\frac{1}{2}$		
Responsibl	e Person's	E-ma	ail	5. Temporary 6. HACCP	Menu Ty	pe (See back	of page)
Certified F	ood Mana	ger	nla	7. Other (list)	1/2	3	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative	· · · · · · · · · · · · · · · · · · ·		To Be Co	rrected By
394	NC	R	Observed Frush & debris	Mear compactor	ſ,	7: a	15
; ;			- Compactor is hamaged &	spilling tras	4		7
715	NC		Observed dayand frish C			7 11	roots
	<u> </u>		- work order has be	en filed.			
			O Sur Press	1 / 1/10/-			
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Received by (name and title printed): Inspected by (name and title printed):							
Received by (signature): Received by (signature): Inspected by (signature): Inspected by (signature): Thomas Snidy EHS Inspected by (signature):							
Received by (signature): Inspected by (signature):							
7	$\frac{2}{\sqrt{2}}$			Hammer	Lin	~	
cc:			ec:		cc:	·	